

APPLICATION FOR TREE REMOVAL PERMIT
TOWN OF HUNTINGTON, SUFFOLK COUNTY, NY

ALL APPLICATIONS ARE SUBJECT TO THE CURRENT PROVISIONS OF HUNTINGTON TOWN CODE.

PERMIT # DATE:
FEE \$: (\$25 for every 5 trees)
RECEIPT#:
SUFFOLK COUNTY TAX MAP: 0400 - SEC. BLK: LOT: ZONE:
NAME OF PROPERTY OWNER: (print)
SIGNATURE OF OWNER:
ADDRESS OF PROPERTY OWNER
PHONE: FAX:
ADDRESS OF PROPERTY (IF DIFFERENT FROM OWNER):
Improvement work to be done by: owner contractor. If Arborist, ISA # SC improvement license #
Tree(s) to be removed by:
(Please print name, address and phone number of company)
Contractor's Signature (if contractor is the applicant): Print
Number of trees to be removed Total number of trees on property
Is Tree A Landmark Tree? YES NO Will the removal of the tree affect retaining walls? YES NO (if yes, a separate permit req'd)
Condition of and Reason for Removal of trees:
Is property within 100' from a designated wetland? YES NO (if yes, NYSDEC letter required)

- NOTE:
- 1. Compliance with the current provisions of the Zoning Ordinance, and Town Code Chapter 186, is a condition to the issuance of a permit.
  - 2. This permit in no way legalizes any structures on the property, which may have been erected without the required permits.
  - 3. This permit is limited to the removal of the trees designated by the Town.
  - 4. Please be advised that by issuing this permit the Town makes no representation that the proposed company is properly insured to remove the requested Trees. It is the applicant's responsibility to ensure that the company that is removing these trees is properly insured to remove trees of any and all sizes.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK

AFFIDAVIT OF PROPERTY OWNER
STATE OF NEW YORK
COUNTY OF SUFFOLK

That: is duly authorized by the aforesaid
(name of applicant- please print) (owner or lessee- please print)
to make application for a permit to perform said work in the forgoing application and accompanying plans and all the statements herein contained are true to deponent's own knowledge.
Sworn before me this day Owner Signature
Of , 20 Applicant Signature
Notary Public Address
Phone
for office use only:
Approved / Denied: 20
Issued by:
Comments